

37th Annual Neil Hoelck Memorial Tournament
Waiver of Liability and Permission to Play

I acknowledge by my signature below that I am absolving any entity associated with the Neil Hoelck Tournament (defined as any event associated with said Tournament including but not limited to the Tournament itself, practices, "hot shots", etc.) from any liability whatsoever my child may sustain, attending any event associated with the Neil Hoelck Tournament and hereby give my child permission to play in the Neil Hoelck Annual Memorial Basketball Tournament, etc. I also explicitly agree that should my child play in the Tournament, but I do not sign below, that the waiver still applies. I do hereby also for myself, my heirs, and executors, specifically waive and release forever and discharge any and all claims for damages that I and / or my child may have or which hereafter may accrue to my child while participating in said basketball tournament (as defined above) against the WATERFORD PRETEEN BASKETBALL LEAGUE, THE TOURNAMENT COMMITTEE, THE TOURNAMENT DIRECTOR, THE TOWN OF WATERFORD, THE WATERFORD BOARD OF EDUCATION, THE WATERFORD PARKS AND RECREATION DEPARTMENT, and any person associated with the before mentioned groups individually regarding any and all claims arising or growing out of participation in said athletic event. Lastly, if my child has an existing medical problem that is exacerbated or affected in any way because of his/her attendance at the Tournament I am again absolving any entity associated with the Tournament from any liability whatsoever.

Team Name: \_\_\_\_\_ Coach's Name: \_\_\_\_\_

Division \_\_\_\_\_ Coach's Address: \_\_\_\_\_

Please Circle \_\_\_\_\_ Street, City/Town, Zip Code \_\_\_\_\_

Girls 4 5 6 7 8 \_\_\_\_\_

Boys 4 5 6 7 \_\_\_\_\_

8 9/10 11/12 \_\_\_\_\_

Coach's Telephone: Home: \_\_\_\_\_

Cell: \_\_\_\_\_

	Player's Name	Date of Birth	Grade	Parent's Signature	Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Team's Coach Affidavit: As the coach of the team, I certify that all information is complete and correct. I understand that if any information is found to be false, incorrect, or fraudulent that I and/or my entire team will be subject to disqualification and disciplinary action. And I am aware as the coach, I am responsible for the actions of all the members of my team including assistant coach & scorekeeper and will abide by all tournament rules & regulations.

Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_